PTO/SB/17 (12-04)

	Approved	for use	THICHE	n 07/31/	2006.	OMB OR	551-0032
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	(Inside the Paper State				Complete if Known					
	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			1818).						
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				-	Filing Date		Ley Novik			
	For FY 2005		ŀ	First Named Inv		LEWIS ALEXANDER BUILLOCK Dr.				
	Applicant claims small entity status. See 37 CFR 1.27				Education (total)					
				- 1	Art Unit 2126					
	TOTAL AMOUNT OF PAYMENT (\$) 500.00				Attorney Dockel No. MS1 0694US				_	
	METHOD OF PAYMENT (check all that apply)									
	Check Credit Card Money Order None Other (please identify):									
	Deposit Account Deposit Account Number 12-0769 Capatit Account Name: Lee & Hayes, PL									
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
	Charge fee(s) indicated below. except for the filling fee									
•	Charge any	Charge any additional fee(s) or underpayments of fee(s)								
	under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information abouted not be included on this form. Provide credit card									
	information and authorization	n on PTO-2038.								
	FEE CALCULATION								_	
	1. Basic filing, sea	RCH, AND E FILING F	XAMINATION FI		H EEES	EXAMINAT	ION FEES			
		<u>Sr</u>	nall Entity	Small Entity		<u>80</u>	<u>rail Entity</u>	Feen Paid (\$)		
	Application Type	500 (3)	<u>Fee (\$)</u> 150	Fee (\$) 500	<u>Fee (\$)</u>	<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	Cessa Lain 197	l	
	Utility			100	250	130	65			
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	Provisional	200	100	0	0	0	0 .		ŀ	
	2. EXCESS CLAIM FEES								utpr	
	Fee Description Each claim over 20 or.	for Reissues, e	seh elaim over 2	0 and	nore than in th	e original pa	tent	50 25		
						fent claim more than in the original patent 200 100				
	Multiple dependent claims								•	
	<u>Total Claims</u> - 20 or HP =	Extra Claims	Fee (5)	Fee P	<u>ild (5)</u>	Fee (\$)	endent Claims Fee Paid	res		
	HP = highest number of total	dalms paid for, i				TERTEL	E BO P BIO			
,	Indep, Claims - 3 or MP =	Extra Claims	Fee (\$)	Fee Pr	<u>(4.(\$)</u>					
	HP • highest number of inde	pendant dalms p		3		•				
		3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 f									ty)	
	for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid									
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· ·	4. OTHER FEE(S)								21	
	Non-English Specif			_						
	Other: Appeal Brist								_	
C	SUBMITTED BY								<u> </u>	
	Signature	Sofa.	sell		gistration No.	39384	Telephone (5	09) 324-9256		
l,	Name (Print/Type) Steven R. Spensellar				wingh with a fill		Date /2			
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This collection of information is required by 37 CFR 1.138. The Information is required to obtain or ratein a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, industing generating, precaring, and submitting the completes application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Peterm and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Aboxandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1450.

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